

NEW HAMPSHIRE DEPARTMENT OF REVENUE ADMINISTRATION
INTEREST AND DIVIDENDS TAX

REPORT OF CHANGE FOR IRS ADJUSTMENT ONLY

FOR DRA USE ONLY

For the CALENDAR year _____ or other taxable period beginning _____ Mo Day Year and ending _____ Mo Day Year

STEP 1
Please
Print or
Type

| | | |
|----------------------------------|----------------------|---------------------------------|
| LAST NAME | FIRST NAME & INITIAL | SOCIAL SECURITY NUMBER |
| LAST NAME | FIRST NAME & INITIAL | SPOUSE'S SOCIAL SECURITY NUMBER |
| NAME OF PARTNERSHIP OR FIDUCIARY | | FEIN OR DIN |
| NUMBER & STREET ADDRESS | | |
| ADDRESS (Continued) | | |
| CITY/TOWN, STATE & ZIP CODE | | |

STEP 2
Entity
Type

| | | |
|---------------------------------------|--|--|
| <input type="checkbox"/> ① INDIVIDUAL | <input type="checkbox"/> ③ PARTNERSHIP | } _____ % of NEW HAMPSHIRE Ownership Interest |
| <input type="checkbox"/> ① JOINT | <input type="checkbox"/> ④ FIDUCIARY | |

STEP 3
IRS
Adjust-
ments

| | | | |
|--|--|--------------------------|---------------------------------|
| 1 | FROM YOUR FEDERAL FORM 1040 INCOME TAX RETURN: As originally filed or previously adjusted | | |
| (a) | INTEREST INCOME | 1(a) | |
| (b) | DIVIDEND INCOME | 1(b) | |
| (c) | FEDERAL TAX EXEMPT INTEREST INCOME | 1(c) | |
| (d) | SUBTOTAL INTEREST AND DIVIDEND INCOME [Sum of Lines 1(a), 1(b) and 1(c)] | 1(d) | |
| 2 | TOTAL DISTRIBUTIONS As originally filed or previously adjusted | 2 | |
| 3 | SUBTOTAL INTEREST & DIVIDENDS INCOME AND DISTRIBUTIONS As adjusted (Line 1(d) plus Line 2) | 3 | |
| 4 | INTERNAL REVENUE SERVICE ADJUSTMENTS TO FEDERAL INCOME: | | |
| (a) | AMOUNT OF CHANGE TO INTEREST INCOME from Page 2, Section 1, Line 1 | 4(a) | |
| (b) | AMOUNT OF CHANGE TO DIVIDEND INCOME from Page 2, Section 2, Line 2. | 4(b) | |
| (c) | AMOUNT OF CHANGE TO FEDERAL EXEMPT INTEREST INCOME from Page 2, Section 3, Line 3 | 4(c) | |
| (d) | AMOUNT OF CHANGE TO OTHER INCOME from Page 2, Section 4, Line 4 | 4(d) | |
| (e) | SUBTOTAL (combine Lines 4(a), 4(b), 4(c) and 4(d) | 4(e) | |
| 5 | TOTAL NON-TAXABLE INCOME As originally filed or previously adjusted | 5 | |
| 6 | GROSS TAXABLE INCOME AS ADJUSTED BY IRS ADJUSTMENTS (Line 3 minus Line 5) ... | 6 | |
| 7 | LESS: \$2,400 for Individual, Partnership and Fiduciary; \$4,800 for Joint filers | 7 | |
| 8 | ADJUSTED TAXABLE INCOME (Line 5 minus Line 6). If negative show in parenthesis | 8 | |
| 9 | CONTRIBUTIONS MADE PRIOR TO 5/24/04 TO A QUALIFIED INVESTMENT CAPITAL COMPANY | 9 | |
| 10 | CHECK THE EXEMPTIONS THAT APPLY. | | |
| <input type="checkbox"/> | Blind | <input type="checkbox"/> | Spouse Blind |
| <input type="checkbox"/> | 65 (or over) or disabled | <input type="checkbox"/> | Spouse 65 (or over) or disabled |
| | Year of birth _____ | | Year of birth _____ |
| Multiply the total number of boxes checked above _____ x 1,200 = | | 10 | |
| 11 | NET TAXABLE INCOME (Line 8 minus Line 9) If less than zero, enter amount in parenthesis | 11 | |

STEP 4
Figure
Your Tax,
Interest
and
Penalties

| | | | |
|----|--|----|--|
| 12 | NEW HAMPSHIRE INTEREST AND DIVIDENDS TAX AS ADJUSTED BY IRS ADJUSTMENTS (Line 11 multiplied by 5%) | 12 | |
| 13 | NEW HAMPSHIRE INTEREST AND DIVIDENDS TAX As originally filed or previously adjusted ... | 13 | |
| 14 | BALANCE OF TAX DUE (Line 12 minus Line 13) | 14 | |
| 15 | INTEREST DUE (see DP-87 instructions) | 15 | |
| 16 | BALANCE DUE (Line 14 plus Line 15) PAY THIS AMOUNT → | 16 | |
| 17 | REFUND DUE (Line 13 adjusted by Line 12) | 17 | |

FOR DRA USE ONLY

Under penalties of perjury, I declare that I have examined this return and to the best of my belief it is true, correct and complete. If prepared by a person other than the taxpayer, this declaration is based on all information of which the preparer has knowledge.

☐ POA: By checking this box and signing below, you authorize us to discuss this return with the preparer listed below.**X**

Signature (in ink) AND TITLE IF FIDUCIARY

Date

Signature (in ink) of Paid Preparer Other Than Taxpayer

Date

X

If joint return, BOTH parties must sign, even if only one had income

Date

Preparer's Tax Identification Number

NH DEPT OF REVENUE ADMINISTRATION
MAIL AUDIT DIVISION
TO: PO BOX 457
CONCORD NH 03302-0457

99

Preparer's Address

City/Town, State & Zip Code

INTEREST AND DIVIDENDS TAX

REPORT OF CHANGE FOR IRS ADJUSTMENT ONLY

Page 2

SECTION 1 IRS ADJUSTMENTS TO INTEREST INCOME.

If the number of adjustments exceed the lines provided, attach a schedule and summarize on Line E

| | ADJUSTMENT DESCRIPTION | REPORTED | AMOUNT OF CHANGE | BALANCE AFTER CHANGE |
|---|------------------------------|----------|------------------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | Total from attached schedule | | | |

Line 1 Enter total of Lines A through E here and on Page 1, Line 4(a) 1

SECTION 2 IRS ADJUSTMENTS TO DIVIDEND INCOME.

If the number of adjustments exceed the lines provided, attach a schedule and summarize on Line E

| | ADJUSTMENT DESCRIPTION | REPORTED | AMOUNT OF CHANGE | BALANCE AFTER CHANGE |
|---|------------------------------|----------|------------------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | Total from attached schedule | | | |

Line 2 Enter total of Lines A through E here and on Page 1, Line 4(b) 2

SECTION 3 IRS ADJUSTMENTS TO FEDERAL EXEMPT INTEREST INCOME.

If the number of adjustments exceed the lines provided, attach a schedule and summarize on Line E

| | ADJUSTMENT DESCRIPTION | REPORTED | AMOUNT OF CHANGE | BALANCE AFTER CHANGE |
|---|------------------------------|----------|------------------|-------------------------|
| A | | | | |
| B | | | | |
| C | | | | |
| D | | | | |
| E | Total from attached schedule | | | |

Line 3 Enter total of Lines A through E here and on Page 1, Line 4(c) 3

SECTION 4 IRS ADJUSTMENTS TO OTHER INCOME SUBJECT TO INTEREST AND DIVIDENDS TAX. (see instructions).

If the number of adjustments exceed the lines provided, attach a schedule and summarize on Line E

| | ENTITY TYPE | PAYER'S IDENTIFICATION ADJUSTMENT DESCRIPTION | NAME OF PAYER | AMOUNT OF CHANGE | BALANCE AFTER CHANGE |
|---|----------------|--|---------------|------------------|-------------------------|
| A | | | | | |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | Total from attached schedule | | | |

Line 4 Enter total of Lines A through E here and on Page 1, Line 4(d) 4